

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048577

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Register District No.

318

Primary Registration District No.

1003

Registrar's No.

12694

FILED JAN 10 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 2 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hospitals, Inc.		d. STREET ADDRESS 4528 Page Ave.,	
3. NAME OF DECEASED (Type or print) First Middle Last Guy Freeman Menephee		4. DATE OF DEATH Month Day Year Dec 31, 1962	
5. SEX Male	6. COLOR OR RACE Col	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-11-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
13a. FATHER'S NAME Benjamin Menephee		13b. MOTHER'S MAIDEN NAME Jenny Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		17. INFORMANT Norine Menephee 4528 Page	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Broncho pneumonia</i> DUE TO (b) <i>Chronic &amp; Acute Pyelonephritis</i> DUE TO (c) <i>Diabetes Mellitus 260x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 4 days yrs yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerotic Heart Disease</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 5.30 A		to Dec 31 1962 and last saw him alive on Dec. 30, 1962	
22a. SIGNATURE (of doctor or title) Masao Okamoto M.D.		22b. ADDRESS 1755 So Grand Blvd	
22c. DATE SIGNED 1/2/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1-4-63		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24. FUNERAL DIRECTOR E.B. Koonce Funeral Dir.		23d. LOCATION (City, town, or county) St. Louis County, Mo.	
25. DATE RECD. BY LOCAL REG. JAN 2 1963		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harvey Creams*

Licensed Embalmer No.

*4755*

P. O. Address

*1221 River*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.